

UNITED STATES DISTRICT COURT
SOUTHERN DISTRICT OF WEST VIRGINIA

John Eric Workman 18218

(Enter above the full name of the plaintiff
or plaintiffs in this action).

(Inmate Reg.# of each Plaintiff)

VERSUS

CIVIL ACTION NO. 2:03-0519
(Number to be assigned by Court)

William F. Vieweg

(Enter above the full name of the defendant
or defendants in this action).

FILED

JUN 9 2003

SAMUEL L. KAY, CLERK
U. S. District & Bankruptcy Court
Southern District of West Virginia

COMPLAINT

i. Previous Lawsuits

- A. Have you begun other lawsuits in state or federal court dealing with the same facts involved in this action or otherwise relating to your imprisonment?

Yes _____ No ✓

- B. If your answer to A is yes, describe each lawsuit in the space below. (If there is more than one lawsuit, describe the additional lawsuits on another piece of paper, using the same outline).

1. Parties to this previous lawsuit

Plaintiffs: _____

N/A

Defendants: _____

N/A

2. Court (if federal court, name the district; if state court, name the county):

N/A

3. Docket Number: _____

4. Name of judge to whom case was assigned:

N/A

5. Disposition (for example: Was the case dismissed? Was it appealed? Is it still pending?)

N/A

6. Approximate date of filing lawsuit: _____

N/A

7. Approximate date of disposition: _____

N/A

II. Place of Present Confinement: MT OLIVE CORR. Complex

A. Is there a prisoner grievance procedure in this institution?

Yes X No

B. Did you present the facts relating to your complaint in the state prisoner grievance procedure?

Yes No X

C. If your answer is YES:

1. What steps did you take? N/A

2. What was the result? N/A

D. If your answer is NO, explain why not: Lawsuit not
against a staff member, or institution

III. Parties

(In item A below, place your name and inmate registration number in the first blank and place your present address in the second blank. Do the same for additional plaintiffs, if any.)

A. Name of Plaintiff: John ERIC WORKMAN # 18218

Address: 1 MOUNTAINSIDE WAY, MT OLIVE, W. VA. 251

B. Additional Plaintiffs and Address: NONE

(In item C below, place the full name of the defendant in the first blank, his/her official position in the second blank, and his/her place of employment in the third blank. Use item D for the names, positions, and places of employment of any additional defendants.)

- C. Defendant William F. Vieweg
 is employed as COMMISSIONER (W.VA. WORKERS COM
 at P.O. Box 431 OR Capital Complex CHARLESTON, W.VA. 253
- D. Additional defendants: _____

IV. Statement of Claim

State here as briefly as possible the facts of your case. Describe how each defendant is involved. Include also the names of other persons involved, dates and places. Do not give any legal arguments or cite any cases or statutes. If you intend to allege a number of related claims, set forth each claim in a separate paragraph. (Use as much space as you need. Attach extra sheet if necessary).

ON MARCH 31, 2000 I WAS EXAMINED HERE
AT MT OLIVE CORR. COMPLEX FOR "PERMANENT
PARTIAL IMPAIRMENT," DUE TO WORK RELATED IN-
JURY PRIOR TO MY INCARCERATION. EXAMINATION
WAS DONE BY DR. KENDALL L. WILSON, JR., D.O., OF
LEWISBURG, W.VA. INJURIES CONSIST OF BACK/NECK,

IV. Statement of Claim (continued):

AND RIGHT KNEE. RIGHT KNEE I HAD SURGERY ON.
I WAS AWARDED 6% PERMANENT PARTIAL IMPAIRMENT.
5% FOR BACK, 7% FOR RIGHT KNEE. UPON NOTIFICATION
FROM W.VA. WORKERS COMP AS TO 6% DISABILITY, I
PROTESTED THIS FINDING IN WRITING TO WORKERS COMP..
THEY REFUSED TO HEAR MY PROTEST. I HAVE MADE
SEVERAL ATTEMPTS TO WORKERS COMP, BY LETTER,
PROTESTING THIS 6% DISABILITY. I HAVE POINTED OUT
SEVERAL DISCREPANCIES IN DR. WILSON'S EVALUATION,
SEE ATTACHED
V. RELIEF

State briefly exactly what you want the court to do for you. Make no legal
arguments. Cite no cases or statutes.

I WANT THE COURT TO AWARD 9% AT A RATE OF
\$926.99 PER 7% PLUS INTEREST. \$2500.00 IN POSITIVE
DAMAGES. \$2500.00 PAIN AND SUFFERING.
\$250.00 A DAY FOR EVERY DAY THIS CLAIM IS NOT
SETTLED. OR, SIMPLY ORDER W.VA. WORKER COMP.
TO ~~DO~~ ANOTHER EVALUATION AT THEIR EXPENSE.
I ONLY WISH TO BE TREATED FAIRLY IN THIS
MATTER.

V. Relief (continued)

VII. Counsel

- A. If someone other than a lawyer is assisting you in preparing this case, state the person's name:

None

- B. Have you made any effort to contact a private lawyer to determine if he or she would represent you in this civil action?

Yes ☐

No ☒

If so, state the name(s) and address(es) of each lawyer contacted:

If not, state your reasons: CANNOT pay fees

- C. Have you previously had a lawyer representing you in a civil action in this court?

Yes ☐

No ☒

If so, state the lawyer's name and address:

Signed this 6 day of June, 2003

Signature of Plaintiff or Plaintiffs

I declare under penalty of perjury that the foregoing is true and correct.

Executed on June 6, 2003
(Date)

John Workman
Signature of Movant/Plaintiff

Signature of Attorney
(if any)



Sheila Hosey
June 06, 2003

Statement of Claim (Continued)

to W. Va. Workers Comp. I have also pointed out to Workers Comp., certain diagnosis made by Medical here at Mt. Olive Corr. Complex, which I am being treated for on a regular basis.

My treating Physician, Dr. W. Rice of Beckley W. Va. Quoted 15% overall impairment.

Overall, Dr. Kendall Wilson's Evaluation for Permanent Partial Impairment, on my behalf, is not true, and or accurate. This again, has been brought to the attention of W. Va. Workers Comp.. They refuse to Acknowledge.

CERTIFICATE

I hereby certify that on the 03rd day of June, 2003, the plaintiff herein, John Workman, has the sum of \$.14 in his/her institutional drawing account at mt. Olive Correctional Complex where he/she is confined; that the total income (from family and friends, prison employment, government benefits, etc.) to the drawing account within the last six months was \$ 129.49. (If plaintiff has been incarcerated for less than six months, please indicate when the drawing account was opened: 7/1/01).

I certify that the plaintiff has the following savings or securities to his/her credit according to the records of the institution: \$.01

I further certify that plaintiff is/is not employed at the institution at this time.

4-16-03
started job
as Custodian
in Stuart Hall.
RD

Rita Damico
Signature of Authorized Officer

Acct. Clerk III
Official Title

03 June 2003
Date